



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave., Suite 170, Spokane, WA 99201

December 20, 2019

**CERTIFIED MAIL**

7018 3090 0001 1182 2852

Aspen Quality Care Inc  
Aspen Quality Care Inc  
9626 N Colfax Rd  
Spokane, WA 99218

RE: Aspen Quality Care Inc License #2307

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on December 19, 2019 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:  
Sylvia Chauvin, Complaint Investigator

**Consultation:**

**WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:**

(5) Appropriate behavioral interventions, if needed;

The facility failed to address staff interventions in the care plan related to one of six sample resident's behavior of pulling or removing his urinary catheter (Resident #1).

**WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:**

(1) To effectively provide the care and services agreed upon with the resident; and

The facility failed to ensure current negotiated agreement for one of six residents (Resident #1) was kept on-site.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (509) 323-7324.

Sincerely,



Susan Bergeron, Field Manager  
Region 1, Unit B  
Residential Care Services

Enclosure



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Aspen Quality Care Inc (860315)      **Intake ID(s):** 3681524  
**License/Cert. #:** AL2307  
**Investigator:** Shauvin, Sylvia      **Region/Unit:** RCS Region 1/Unit B      **Investigation Date(s):** 12/16/2019 through 12/19/2019  
**Complainant Contact Date(s):** 12/13/2019, 12/19/2019

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**Allegations:**

#1- When a resident pulled his urinary catheter out, facility did not take proper actions to address it.

**Investigation Methods:**

**Sample:** Six out of 16 residents

**Observations:** Residents' safety and well-being  
Staff's care of residents with catheters and toileting needs  
Staff's response to residents' concerns

**Interviews:** Six residents  
Four facility caregivers  
Administrator

**Record Reviews:** Sample residents' Face Sheets, assessments, care plans, and Progress Notes.  
Staffing schedule - November and December 2019.  
Facility incident notes.  
Facility communication with prescribers and hospital(s).

**Allegation Summary:**

#1- Named resident did not have and need urinary catheter at time of investigator's 12/16/19 visit. Written consultation was provided regarding facility not keeping the current care plan on-site, and not addressing staff interventions in the care plan related to resident's pattern of pulling/removing the catheter.



**Residential Care Services  
Investigation Summary Report**

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**Unalleged Violation(s):**       Yes                       No

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**                       **Failed Provider Practice Not Identified / No Citation Written**

The written consultation was documented in a letter to the facility dated 12/19/19 under:  
Washington Administrative Code (WAC) 388-78a-2140(5) Negotiated service agreement contents and  
WAC 388-78a-2390(1) Resident records